



Public Mental Health in South Carolina



John H. Magill

State Director of Mental Health

This PowerPoint presentation is designed to serve as an overview of DMH; you may tailor it as needed to specific centers, facilities, regions, or audiences. It highlights DMH's history, mission, accomplishments, blue ribbon programs, and projects/programs that many outside of our agency may not know about.

The document is a work in progress and will be updated periodically.

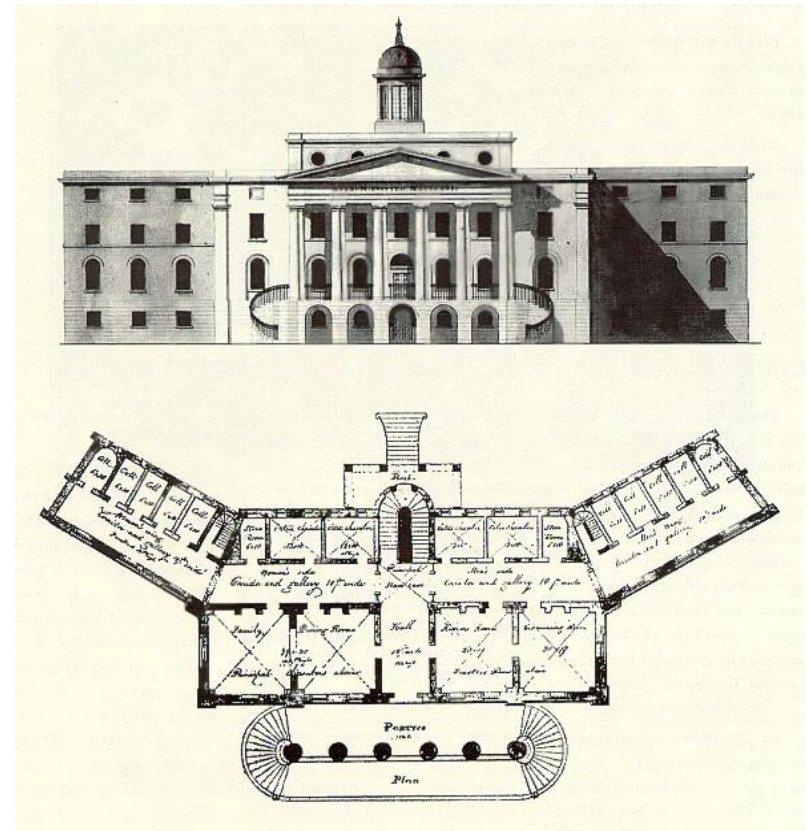
If you have questions or comments, please contact Tracy LaPointe in the DMH office of Public Affairs at (803) 898-8581 or TLL06@scdmh.org.

DMH: Beginnings

- In the 18th century, what to “do” with a mentally ill person depended upon the individual’s status, domestic situation, location, and medical condition.
- Insanity was viewed as a private matter and family responsibility, and it was expected that family would render care or pay someone else to do it.
- It was not uncommon for the mentally ill to live in workhouses or debtors’ prisons.

Beginnings

- Colonel Samuel Farrow, a member of the House of Representatives, and Major William Crafts, a member of the Senate, worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill. On December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the *SC Lunatic Asylum*.
- This legislation made South Carolina the third state in the nation (after Virginia and Maryland) to provide *state funding* for the care and treatment of people with mental illnesses.
- Renowned architect Robert Mills was enlisted to design the new SC Lunatic Asylum, the cornerstone for which was laid in 1822. It featured such innovations as central heating and fireproof ceilings.



The South Carolina Lunatic Asylum

First patient admitted – Lunatic Asylum – Columbia, SC – Dec. 12, 1828

Removed – February 7, 1829 – uncured

Dec. 12th 1828. Eliza Fanning at 20 of Barnwell Dist. SC was brought by her parents and admitted into the Lunatic Asylum.

History of the case. She has enjoyed good health during life with the exception of some irregularity in her catamenial discharges: which for the last two months have not appeared at all. This irregularity, however, has never appeared to create any constitutional disturbance. She is of a fair complexion and yellow hair (a large suit of it) and inclined to pleasantness of form with a healthy appearance. For a year last past she has been religiously disposed. For several weeks last past she has attended religious meetings especially an association – and during the same time was watching an aunt who was ill every night, and thereby lost her sleep.

On Dec. 1st she first betrayed symptoms of insomnia. Her theme was of a religious character, interspersed with profane expressions. She alternately sung sacred tunes, prayed, muttered incoherent nonsense, and lay silent.

Beginnings

- South Carolina's asylum was one of the first in the nation built expressly for the mentally ill.
- South Carolina's mental health system was the third in the U.S., as well as the third *funded by a state government*.
- By the 1850s, a large number of people were being admitted, and land was needed for new buildings and patient recreation and gardens. Some asylum leaders believed the institution should be moved to the country. Largely because the Legislature was unwilling to fund a new complex, it remained at the original location. Land was purchased next to the complex, and more buildings were erected. This is the campus we know today as the "SC State Hospital," or "Bull Street," as it is known throughout the Southeast.
- The asylum did not reach its full capacity of 192 until 1860 – more than 30 years after opening its doors. Many families preferred to care for mentally ill relatives at home, while others wanted them closer to home even if it meant they lived in the county jail or the work house.

Beginnings: A city within a city...



With walls closing patients off from the noisy and harried growing city, the campus was almost its own *city*, housing at one time or another a dairy, ice cream factory, mattress factory, bakery, lock shop, welding shop, and greenhouses. Doctors and nurses lived in homes on the campus, and many citizens today recall growing up in the pastoral setting of the grounds.

Beginnings: Progress

In 1892, a nursing school was founded, which remained open until 1950;

In 1896, the SC Asylum was renamed the *SC State Hospital for the Insane*;

The cost for each patient in 1877 was \$202;

By 1900, the State Hospital had 1,040 patients;

A legislative study of the Asylum in 1909 found many problems, ranging from poor sanitation and dilapidated buildings to unclean quarters and lack of room for patients. Many of the problems the State Hospital faced were common to facilities nationwide.

By 1910, after a legislative committee reported the asylum was too small, land was purchased north of Columbia, and plans were submitted for a new complex, which became known as "State Park." When it opened in 1913, it was for black patients only. This hospital, named *Palmetto State Hospital* in 1963, was renamed the *Crafts-Farrow State Hospital* in 1965. Today, this campus is home to many parts of DMH's central operations.

Development

Following the legislative study and opening of State Park, Dr. Fred Williams, who served as SC State Hospital superintendent from 1915 to 1945, realized that South Carolina's mental health system needed community mental health clinics. As such, he encouraged a program to educate the public about mental illness, its causes, and methods of prevention.

The first clinic to provide services for the mentally ill who did not need hospitalization was opened at the SC State Hospital in 1920. The first permanent outpatient clinic opened in Columbia in 1923. The success of this clinic inspired the opening of traveling clinics in Greenville and Spartanburg in 1924.

By 1927, clinics were established in Florence, Orangeburg, and Anderson. In 1928, a clinic opened in Charleston, with plans for one in Rock Hill.

Reopening of the clinics, which had closed as staff served in WWII, was delayed until late 1947 due to of a lack of adequately trained personnel. As clinics continued to grow throughout the state, the need for state and federal funding increased. Help came in 1946 with the passage of Federal Public Law 487.

The Mental Health Act



The first outpatient clinic in Columbia, S.C.

- The Mental Health Act provided for a Mental Health Commission to be in charge of all mental health facilities. Communities were required to contribute one third of the cost of clinic or center operation and the state would furnish the remaining two thirds. The Mental Health Commission is still in place to this day and meets monthly.
 - By 1957, clinics were in operation in six counties.
 - Major functions of these clinics included: cooperation and consultation with other agencies and professional people in the community; evaluation and treatment of emotional disturbances in adults and children; public education; and training psychiatric and pediatric resident doctors from the Medical College Hospital.
-
- In addition to self-referrals, patients were referred to the centers by physicians, ministers, lawyers, Vocational Rehabilitation, juvenile and domestic relations courts, and the Department of Public Welfare.
 - The 1960s ushered in the beginnings of the community mental health movement. The introduction of Medicaid and other improvements in the social welfare system underwrote the treatment of patients in their own communities, and the 1963 Federal Community Mental Health Centers Act provided matching federal funds for construction of community mental health centers.

Progress

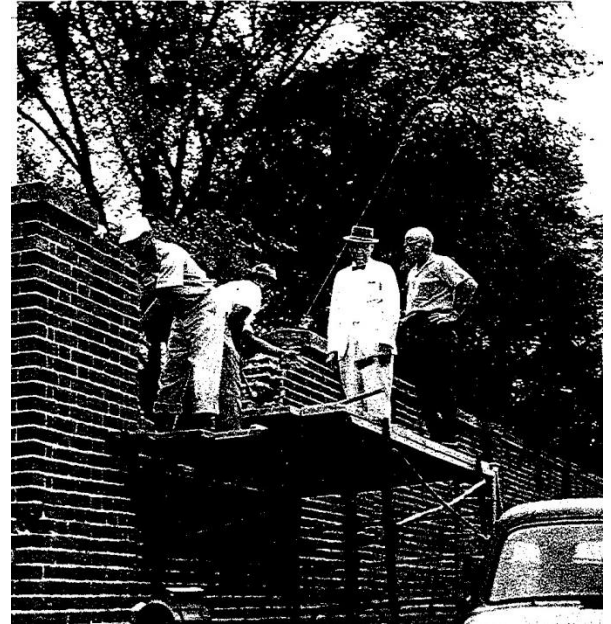
In 1967, the Columbia Area Mental Health Center became the first comprehensive community mental health center in the Southeast. In that same year, Dr. William S. Hall, the first “South Carolina State Commissioner of Mental Health,” participated in a ceremony in which part of the wall surrounding the State Hospital came down.

During Dr. Hall's 21 year tenure, DMH made strides in community-based care. A comprehensive, statewide mental health care delivery system emerged, and grew to encompass 10 major inpatient facilities and 17 community mental health centers, providing services in all of the state's 46 counties, with more than 6,000 employees.

During the 1970s, South Carolina experienced a number of firsts, including the establishment of a transitional living project to help patients return to the community after long hospital stays, a facility for psychiatric patients who needed long-term care, a program for autistic children, an alcohol and drug addiction treatment center, and a patient advocacy system to protect the rights of those DMH served.

In 1983, DMH adopted a plan calling for the development of community-based services, the decentralization of hospital services, and a significant decrease in the population of its psychiatric facilities in Columbia. This is what we often hear referred to as “deinstitutionalization.”

Joseph J. Bevilacqua, Ph.D., who became state commissioner of Mental Health in 1985, led with the view that patients treated in the community progress better clinically; people with mental illnesses need and require close family and community support. Patients recover faster and stay well longer when receiving services in their communities, if such programs are reasonably funded, well organized, and easily available.



Dr. Hall looks on as part of the wall is taken down.

Progress: Community-based Services

- In 1989, the SC Department of Mental Health, with support from the National Institute of Mental Health, hosted a national conference to explore how other states shifted to community-based services, how they defined priority populations, and how they planned and located services.
- It was determined that the services necessary for the successful transition of patients into communities did not exist and must be developed. It was also clear that some patients could not be safely discharged into the community and should continue to be cared for in DMH facilities until appropriate services could be created.
- Some communities struggled to develop community-care programs at first. Patients faced a shortage of appropriate housing options, a lack of crisis care for short-term acute situations, and a lack of employment opportunities.
- Still, the agency moved forward. In 1993, 127 patients, from the South Carolina and Crafts-Farrow State Hospitals, moved into seven customized programs in Aiken, Charleston, Columbia, Lexington, Orangeburg, and Sumter. They were provided with appropriate housing, medication monitoring, psychiatric and medical services, supportive community services, meaningful activity, and employment assistance.
- In two separate moves between 1992 and 1995, 265 patients were discharged from inpatient facilities to Toward Local Care projects in community mental health centers across the state.
- The State Hospital, or “Bull Street” campus, except for William S. Hall Psychiatric Institute for children and a few administrative offices, is closed. DMH now provides care via an outpatient, community-based system, comprising 17 community mental health centers (each with clinics and satellite offices), four psychiatric hospitals, three veterans’ nursing homes, and one community nursing home.

Governance



John H. Magill

State Director of Mental Health

Governance

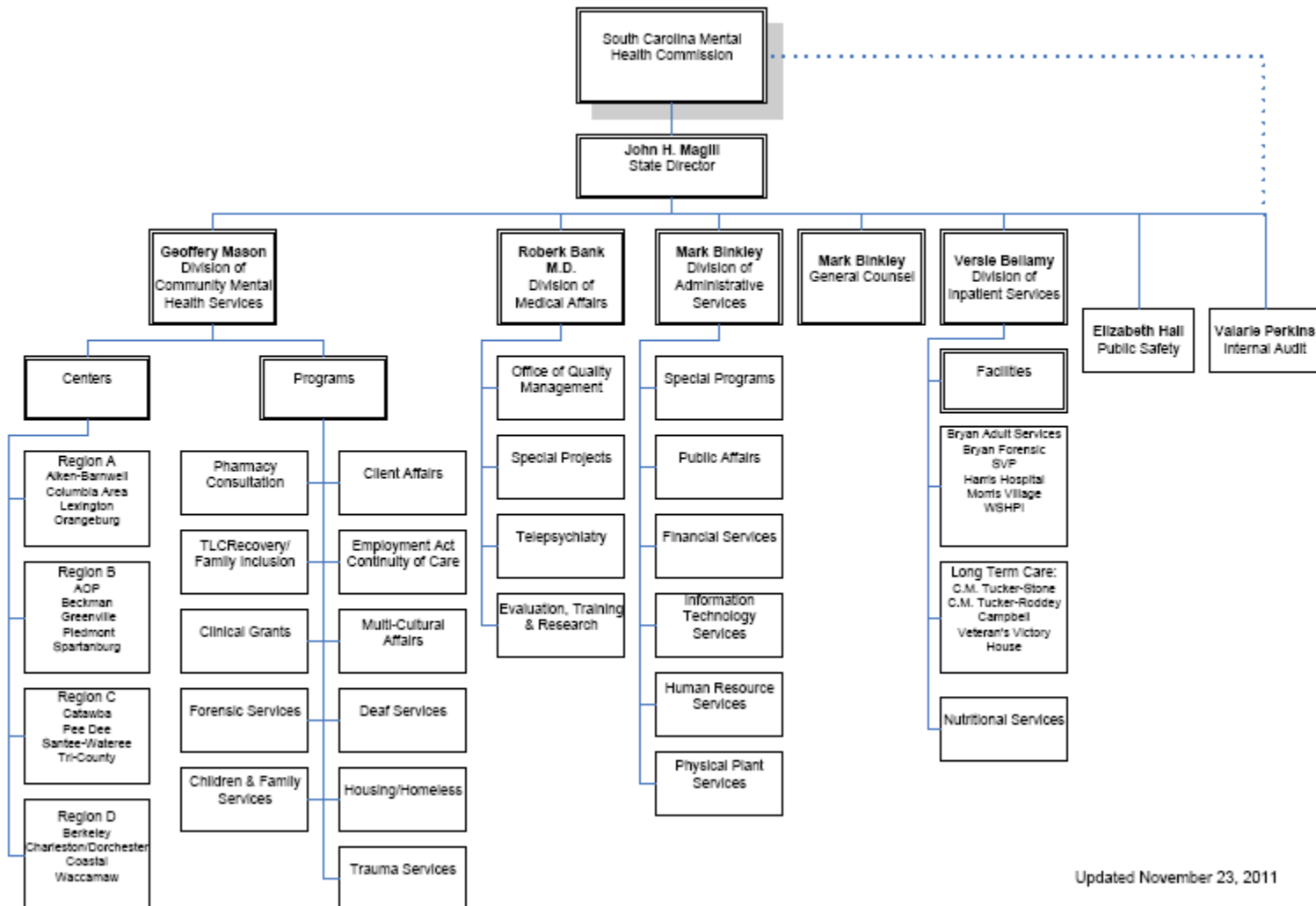
In 1827, the SC Legislature passed an act to bring the Asylum into *operation*. The act placed the organization and superintendence of the Asylum into the hands of nine Regents, or “Commissioners,” elected by the Legislature.

The Mental Health Commission still exists. It comprises 7 Commissioners, who are appointed by the Governor, with the consent of the SC Senate, and serve terms of 5 years.

The Commission convenes monthly, with meetings rotating among DMH’s centers and hospitals.

Governance

S.C. Department of Mental Health Organizational Chart



Governance: Center Boards

- Each DMH community mental health center has an advisory board, with nine to fifteen members, including at least one medical doctor.
- Center boards meet monthly.

Operations



John H. Magill

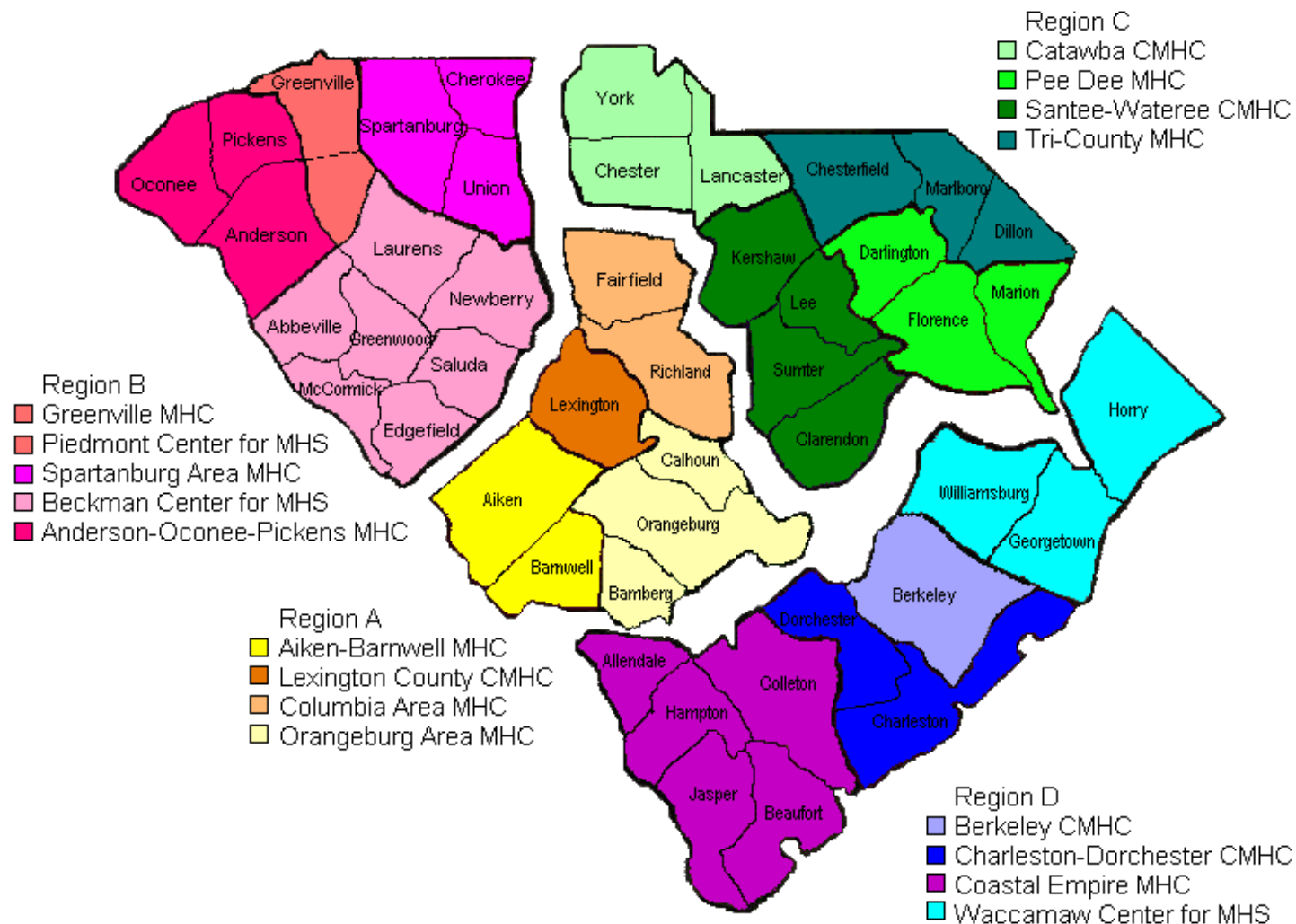
State Director of Mental Health

The DMH Today

The DMH system:

- Comprises 17 community-based, outpatient mental health centers, each with clinics and satellite offices, which serve all 46 counties in our state;
- Provides services approximately 100,000 patients per year, approximately 30,000 of whom are children;
- Operates four licensed hospitals, including one for substance abuse treatment;
- Operates four nursing homes, including three for veterans;
- Is one of the largest hospital and community-based systems of care in South Carolina;
- Includes operation of a Forensics program; and
- Includes operation of a Sexually Violent Predator Treatment Program.

Community Mental Health Centers



Community Mental Health Centers, cont.

Community mental health centers (MHCs) provide comprehensive mental health services, offering outpatient, home-based, school, and community-based programs to children, adults and families throughout South Carolina.

DMH Community Mental Health Centers

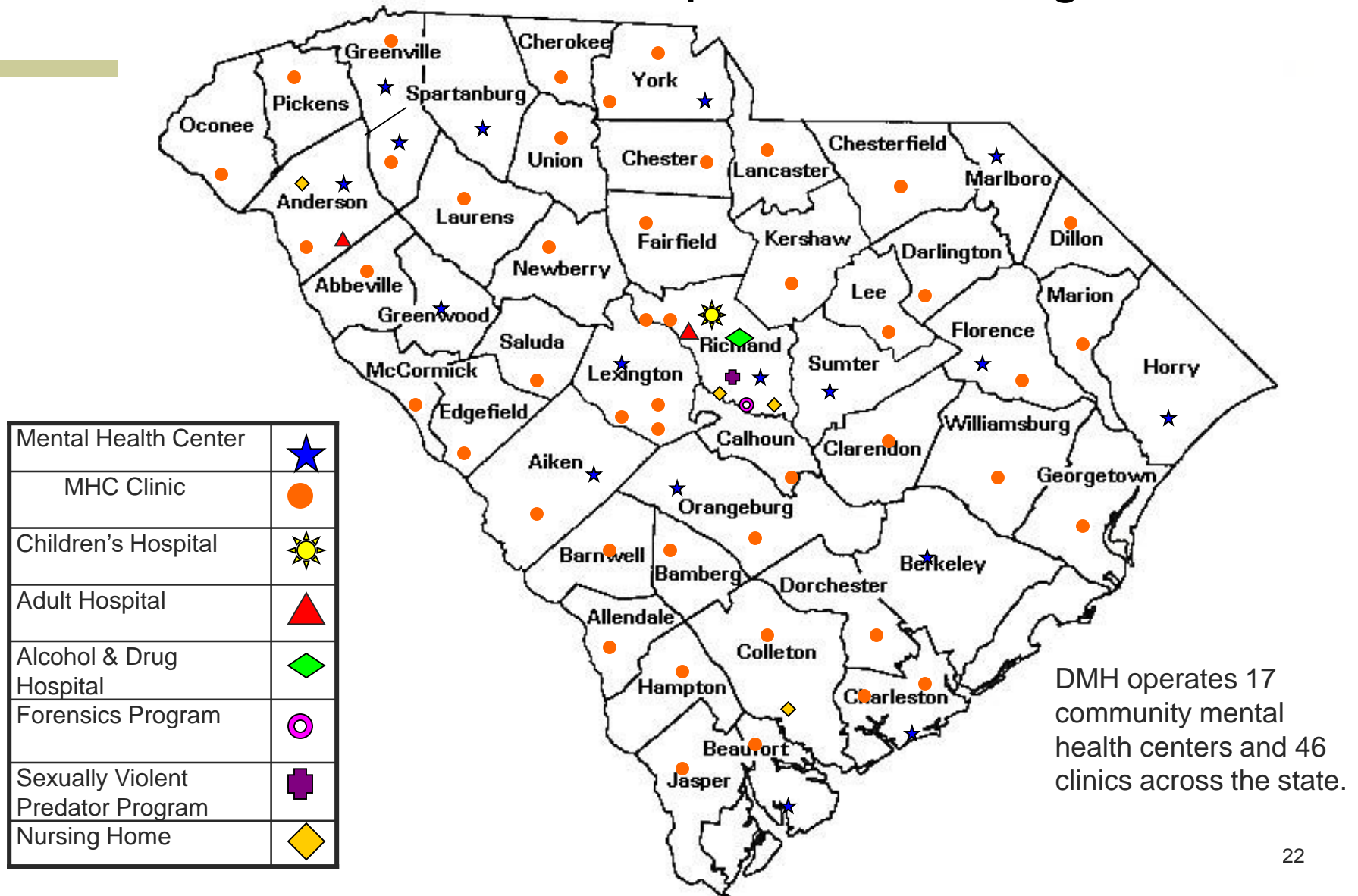
Aiken-Barnwell Community Mental Health Center
Anderson-Oconee-Pickens Mental Health Center
Beckman Center for Mental Health Services
Berkeley Community Mental Health Center
Catawba Community Mental Health Center
Charleston-Dorchester Mental Health Center
Coastal Empire Community Mental Health Center
Columbia Area Mental Health Center
Greenville Mental Health Center
Lexington County Community Mental Health Center
Orangeburg Area Mental Health Center
Pee Dee Mental Health Center
Piedmont Center for Mental Health
Santee-Wateree Community Mental Health Center
Spartanburg Area Mental Health Center
Tri-County Community Mental Health Center
Waccamaw Center for Mental Health

- All 17 DMH community MHCs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.
- In FY11, DMH mental health centers:
 - Served approximately 90,000 children, adolescents, adults, and families
 - Provided more than 1,175,482 clinical contacts (Medicaid billable services, e.g. crisis intervention, assessments, individual, family and group therapy; nursing services, targeted case management, peer support, medication administration, etc.)

Community Residential Care Facilities (CRCFs)

- A facility which offers room and board and a degree of personal care for two or more people
- Licensed by Department of Health and Environmental Control (DHEC)
- Administrators are licensed by the Board of Long Term Health Care Administrators (BLTHCA)
- CRCF rate = \$1,100 monthly and residents receive \$57.00 allowance
- SCDMH serves 1,347 (8%) residents in CRCFs
- 480 licensed CRCFs with 16,948 beds
 - 200 - Private pay facilities, with 12,166 (72%) beds
 - 89 - No MOA with DMH, with 1,666 (10%) beds
 - 34 - DDSN/persons with intellectual disabilities, with 276 (2%)
 - 157 - MOAs with DMH, with 2,840 (17%) beds

DMH Centers, Clinics, Hospitals & Nursing Homes



DMH Inpatient Hospitals and Nursing Homes



Richard M. Campbell Veterans Nursing Home
– Skilled nursing care facility for SC veterans in Anderson



Patrick B. Harris Psychiatric Hospital – Adult psychiatric care hospital in Anderson.



G. Werber Bryan Psychiatric Hospital –

Adult Services - Adult psychiatric care hospital in Columbia

Forensics - Court-ordered stabilization, restoration, evaluation, and ongoing treatment for people found not competent to stand trial or Not Guilty by Reason of Insanity. Located in Columbia.



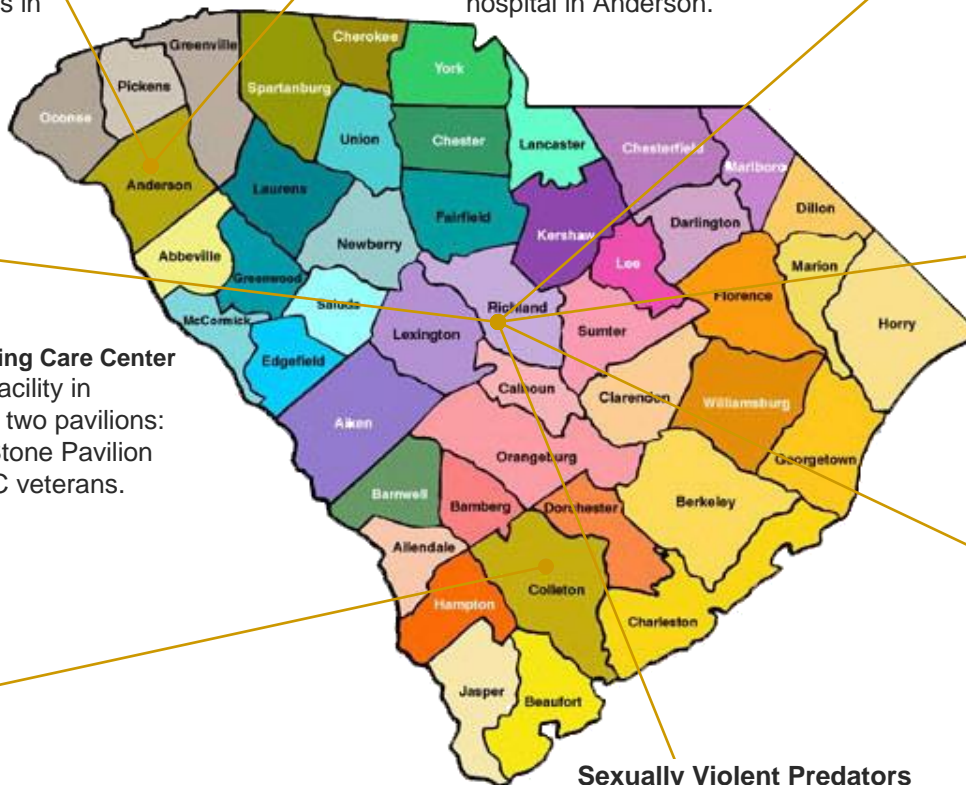
C.M. Tucker, Jr. Nursing Care Center
Skilled nursing care facility in Columbia comprising two pavilions: Roddey and Stone. Stone Pavilion specifically serves SC veterans.



William S. Hall Psychiatric Institute – Child and Adolescent psychiatric hospital in Columbia with acute, residential alcohol and drug addiction treatment, and an outpatient program (ARC).



Veterans Victory House – Skilled nursing care facility for SC veterans in Walterboro.



Sexually Violent Predators Treatment Program – Treatment facility in Columbia for persons adjudicated as sexually violent predators.



Morris Village Alcohol and Drug Addiction treatment Center – Alcohol and drug addiction treatment hospital in Columbia.

DMH Hospitals

G. Werber Bryan Psychiatric Hospital

G. Werber Bryan Psychiatric Hospital provides inpatient psychiatric treatment to adults. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission.



Adult Services Division - Bryan's Adult Services patients are admitted primarily from the 33-county Midlands, Pee Dee, and Lowcountry regions of South Carolina. The majority of patients are civil involuntary admissions.

Forensics Division - The Forensics Division provides inpatient evaluation and treatment, rehabilitation, and outpatient services. Admissions are court-ordered from across the state through the judicial system.

DMH Hospitals, cont.

Patrick B. Harris Hospital

Harris Hospital provides inpatient treatment to adults. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission. Patients are admitted from the 13 upstate counties of South Carolina, and the majority are civil involuntary admissions.



DMH Hospitals, cont.

William S. Hall Psychiatric Institute

William S. Hall provides inpatient treatment for children and adolescents ages 4-17. Hall is licensed by the State of South Carolina as a Specialized Hospital, with a separately-licensed Residential Treatment Facility for adolescents ages 13-21. It is accredited by The Joint Commission.

Hall has three inpatient programs: Adolescent Acute, Child Acute Alcohol and Drug. In addition, Hall has a Residential Treatment program for boys. Outpatient services are provided

by the Assessment and Resource Center (ARC), which conducts forensics evaluations of children suspected of being physically or sexually abused.

Patients are admitted from throughout the state, with referrals from community mental health centers, hospital emergency departments, Department of Social Services, the family court system and the Department of Juvenile Justice. The majority of patients are civilly committed involuntary admissions.



DMH Hospitals, cont.

Morris Village Alcohol & Drug Addiction Treatment Center

Morris Village provides inpatient treatment for adults with alcoholism and drug addictions, and, when indicated, addiction accompanied by psychiatric illness. It is licensed by the State of South Carolina and is accredited by the Commission on Accreditation of Rehabilitation Facilities.



Patients are admitted from throughout the state with referrals from community mental health centers, community hospitals, and the judicial system. The majority of patients are civil involuntary admissions.

A general infirmary is maintained for the Division of Inpatient Services at Morris Village. It provides general medical and convalescent care to adult inpatients who require care that is beyond the capacity of the behavioral health units on which they are being treated.

Nursing Homes

C. M. Tucker, Jr. Nursing Care Center

Tucker Center is an intermediate and skilled long-term care facility. It is licensed by the state of South Carolina, dually-certified by the Centers for Medicare/Medicaid and is accredited by The Joint Commission. It comprises two nursing homes, Roddey Pavilion and E. Roy Stone, Jr. Veterans Pavilion.



Roddey Pavilion

- provides care to residents from around the state. Referral sources include hospitals, family members, service agencies, and other nursing homes.

Stone Pavilion

- provides long-term nursing care for South Carolina veterans and is additionally certified by the Veterans Administration (VA). Residents are admitted from across the state. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.



Nursing Homes, cont.

Richard M. Campbell Veterans Nursing Home

Campbell is a VA-certified nursing care facility. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.



Nursing Homes, cont.

Veterans Victory House



Victory House is a VA-certified nursing care facility. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.

Sexually Violent Predator Treatment Program

- The Sexually Violent Predator Treatment Program was established by legislation to provide treatment for persons adjudicated as sexually violent predators.
- The Sexually Violent Predator Act (SVPA) was passed in 1998 and created a new civil commitment process. Under the SVPA, persons previously convicted of a sexually violent offense are screened prior to their release from confinement. Those meeting the criteria in the SVPA are referred for possible civil commitment. If subsequently adjudicated as “sexually violent predators,” the SVPA requires that they be committed to the Department of Mental Health for treatment, and that they be kept segregated from other DMH patients. Persons committed to DMH as sexually violent predators are treated in the Sexually Violent Predator Treatment Program.

Demographics & Statistics



John H. Magill

State Director of Mental Health

Demographics & Statistics

DMH vs. US Mental Health Spending

Per Capita Expenditure (FY2009) Total State Mental Health Agency

\$237-382	\$196-231	\$188-199	\$135-174	\$104-125	\$85-96	\$65-81	\$37-55
AK	HI	CT	AZ	DE	IL	AL	AR
DC	NC		CA	IA	IN	CO	AL
ME	NJ		MD	KS	NM	LA	GA
PA	NY		MI	MA	SD	MO	ID
	VT		MN	MS	TN	ND	KY
				OR	VA	NV	OK
				RI		OH	TX
				WA		SC	
				WI		UT	
						WV	

Source: National Research Institute - *State Mental Health Agency Profile Revenue Expenditure Study*

Demographics & Statistics: Patients

SUMMARY OF # SERVED: TOTAL JULY 1, 20011 THROUGH JUNE 30, 2012					
INPATIENT & CMHS Total # of Unique Ind. 87,195	INPATIENT Total 24 hr. care 515,220	CMHS # of Outpatient Visits 882,168	Add. Community Contacts 70,556	Telemedicine Consultations 4,756	Total # of Staff Hours 2,080,949
# of unique ind. served by the DMH over the course of the year, many have multiple visits	Sum of daily census over the course of the year for each 24 hr. care facility	Total # of ind. treated each day in community settings over the course of the year, each visit may involve one or more than one service provided	Ex. jails, ER's., schools, shelters, clinics, crisis programs	Total # of telepsychiatry consults provided by the program	Total time in hrs. for all clinical services provided to ind. in all community settings
		# of Client Services 1,119,943 (Total # of clinical services, face-to-face or other, provided for/on behalf of a client by clinical staff member at CMHC & documented)	# of Open Cases 48,500 (Open Cases = an admission date either within the fiscal year or prior to it but, not a discharge date within the fiscal year)		
		# Of Admissions 35,416 Admissions # admitted into any of 24 hr. care settings from the community or transferred in from another SCDMH 24 hr. care setting Adult (18+) 20,906	Children (<18) 14,510		
		# of Treatment Episodes 91,140 Total # of treatment episodes = how many treatment episodes were provided, includes episodes that are completed & those that are not yet completed Adult (18+) 57,277	Children (<18) 28,010		

DMH Blue Ribbon Programs



John H. Magill

State Director of Mental Health

Blue Ribbon Programs: Telepsychiatry



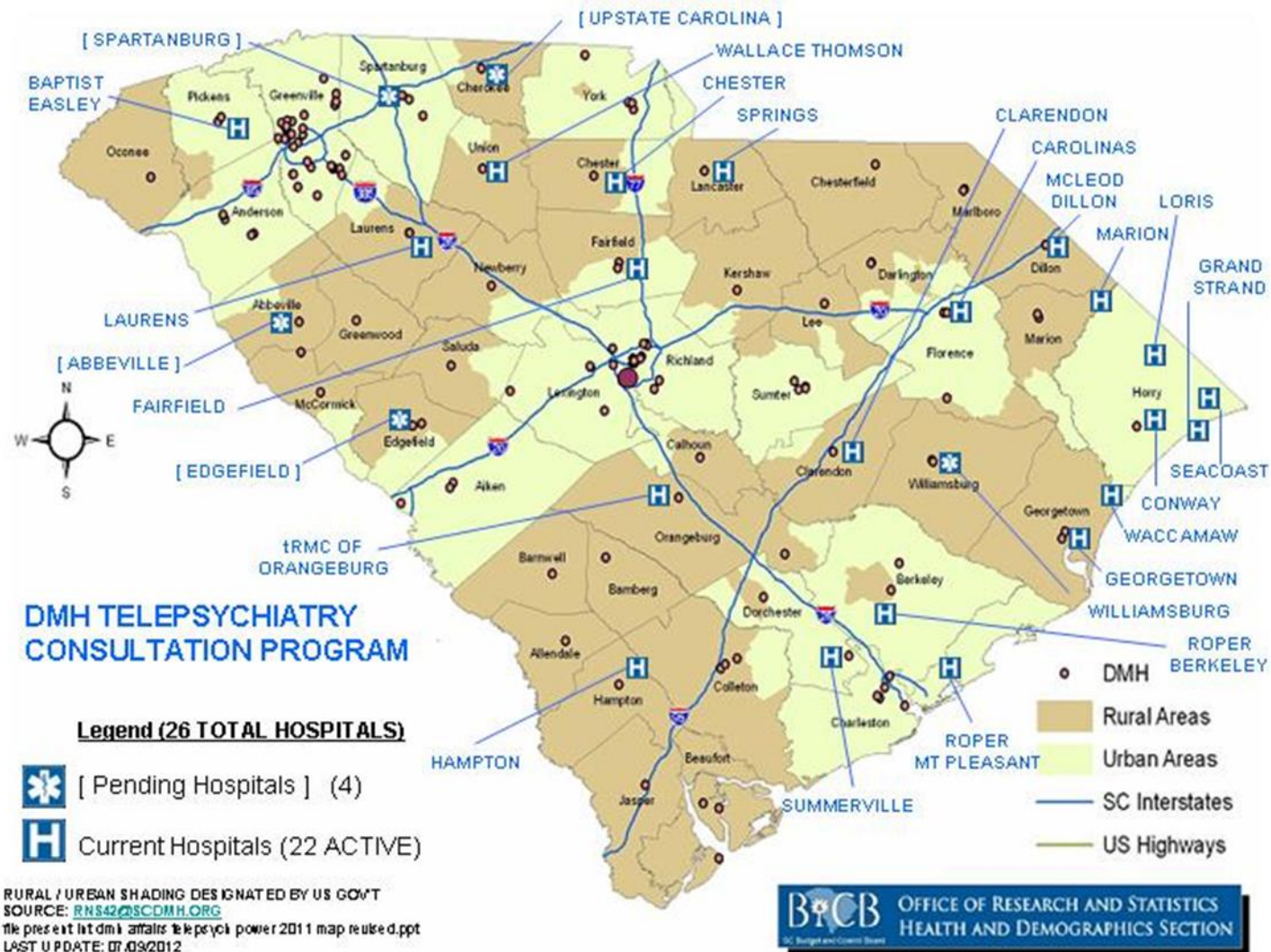
DMH, in partnership with the South Carolina Department of Health and Human Services (SC DHHS) and the SC Hospital Association, received three grants from The Duke Endowment (TDE) to provide psychiatric consultations (via telemedicine) in emergency departments (ED's) across South Carolina beginning in March of 2009.

Beginning July 2012, the program was funded by TDE, SC DHHS, state appropriations and via subscription fees from participating hospitals.

SC is the first state successfully connecting patients in ED's statewide with telepsychiatrists.

As of July 27, 2012, 22 hospitals are connected to the telepsychiatry program. There has been nearly 12,000 consultations since the program's inception, with recommendations to divert 40% of these patients from inpatient admission.

Telepsychiatry: Deployment



Blue Ribbon Programs: Child & Family Services

Children, Adolescents and their Families (CAF) Services

CAF Services develops and aspires to implement a seamless statewide system of caring for the children, adolescents and families of South Carolina including ensuring the use of Best Practices when appropriate and possible. In 2011-2012, the Department served 28,747 children 0-17 years old in the community. The inpatient facilities served 440 for a total of 29,187.

Best Practice programs includes: Multi-Systemic Therapy (MST), School-Based Services, Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy (PCIT), and the Center on the Social Emotional Foundations for Early Learning (CSEFEL).

The CAF Division assumes a leadership role and provides staff support to the Joint Council on Children and Adolescents, providing a “No Wrong Door” collaborative to increase access to services and supports for families living with mental health, substance abuse and co-occurring concerns.

The CAF Division serves as the central hub of communication for local CAF directors, providing consultation services, technical assistance, and serves as a monthly forum for the discussion of issues relative to Children's Services.

Blue Ribbon Programs: School-based Services

This Best Practices program seeks to identify and intervene at early points in emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. DMH provides services in approximately 397 schools in South Carolina.

Services include:

- Primary prevention - e.g., helping to increase parental involvement in school, helping to coordinate activities related to a violence prevention initiative.
- Early intervention and services to youth dealing with transitions and milestones - e.g., social skills training, school transition programs.
- Individual and family services - e.g., individual, family and group counseling, crisis intervention, mentoring, tutoring.

Funding:

- School Districts provide funding for some of the school-based programs, ranging from \$5,000 to \$20,000
- FY 11 \$2,284,477 was provided through grants or district contracts. BCBS of SC Foundation Initiative- awarded funding for 3 years in 12 school sites in rural areas of South Carolina.

FY 11 School Based Mental Health Program Data

- Total number of youth served = 13,950
- Total number of services delivered = 187,936
- Programs in 397 schools, representing 36% of South Carolina schools
- Staffed by 221 Mental Health Counselors, representing 16 Community Mental Health Centers
- 100% of school administrators surveyed stated that their schools benefited from having a school-based counselor on-site.

Blue Ribbon Programs: Deaf Services

DMH's Deaf Services provides a continuum of outpatient and inpatient behavioral health services to persons who are Deaf and Hard of Hearing. The program develops innovative technological and human service program initiatives to ensure that all services are delivered in a cost-effective and timely manner throughout the state.

Components include:

- Outpatient services for children, families, and adults, using itinerant counselors who are part of regional teams located across the state.
- School-based services in collaboration with the South Carolina School for the Deaf and the Blind.
- Residential services at the McKinney House in Mauldin, SC.
- Inpatient services at Patrick Harris Hospital.



Blue Ribbon Programs: Housing & Homeless Services

The DMH Housing & Homeless Program has funded the development of more than 1,600 housing units across the state for persons with mental illnesses.

HUD Shelter Plus Care programs are located in 14 counties, and provide rental assistance to more than 300 patients and their family members who were formerly homeless.



Leaphart Place Apartments, Lexington County, SC - A Youth in Transition Program

The HHS Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program provides funding for targeted outreach and clinical services to persons with serious mental illnesses and co-occurring disorders who are homeless. Programs are currently located in the Columbia, Greenville, Spartanburg, Myrtle Beach, and Charleston areas.

Blue Ribbon Programs:

Individual Placement & Supported Employment Program (IPS)

This evidence-based program provides consultation, training, and fidelity monitoring for the establishment and growth of patient employment, focusing on evidence-based practices that result in gainful employment of seriously mentally ill patients.

In fiscal year 2011, the supported employment programs (IPS) achieved a 52% average competitive employment rate for people with severe mental illness. IPS had a total of 238 new people enroll in its programs and 168 new job placements.

Nationally, among the 12 IPS states participating in the Dartmouth/Johnson & Johnson studies, South Carolina was tied for second with Minnesota for the highest employment rate. South Carolina was also ranked second in fiscal year 2010. Washington, DC was ranked first in fiscal years 2010 and 2011.

In 2008, Johnson & Johnson, Inc. awarded Charleston-Dorchester Mental Health Center (CDMHC) with the National IPS Program of the Year. CDMHC was selected for having the best supported employment outcomes (68% employment). The Center was chosen from a field of 11 other states. CDMHC also received a \$10,000 check for first place, and an award at the Johnson & Johnson Employment Conference.

Blue Ribbon Programs:

Individual Placement & Supported Employment Program (IPS)

IPS – Return on Investment

- The average person employed through IPS programs earned an additional \$533 per month;
- The average annual change in the income of a person employed through the IPS program is \$6,391;
- A substantial decrease in hospital admissions and bed days utilization on the patients served one-year before receiving IPS services and one-year after receiving IPS services. At an average of nearly \$400 per day, this program has potentially saved approximately \$940,800 in inpatient hospital costs for that group of patients;
- Return on Investment (ROI): For every \$1.00 invested in the program, patients earn \$5.26.

Blue Ribbon Programs: ACT-like Programs

Assertive Community Treatment model (ACT) is based on long-standing research that it is a highly effective evidenced-based program in re-integrating people with severe mental illness into the community

In South Carolina, specific modifications to the original ACT model were made based on a statewide research project. This project was designed to determine which of the original ACT components are critical for effectiveness and which can be altered to fit local needs while still producing positive outcomes. Based on the research, essential components of ACT were identified and a modified fidelity scale was developed to include these elements. In addition, an outcomes data collection protocol was implemented. Modifications to the original model were evident not only in South Carolina but thirty-two (32) other states.

In FY 2011 eleven (11) Community Mental Health Centers were implementing an ACT-like program.

South Carolina Department of Mental Health has presented ACT-Like outcomes in two national ACT conference in Chicago (2010) and New York (2011).

Blue Ribbon Programs: ACT-like Programs, cont.

Again in this fiscal year, the outcome data supports the goal of the delivery of effective programming and generating positive outcomes with a modified version of the ACT evidence based practice.

The area most notably impacted is emergency room visits, the number of hospital admissions and hospital days both within the DMH system and private hospitals as well.

Blue Ribbon Programs: ACT-like Outcomes

Performance Area	Measure	Program Outcome
SCDMH Hospital Admissions	Administrative Data (Client Information System)	The number of hospital admissions was reduced by 31.2% from the period one year prior to the ACT admission to the period one year after ACT admission. The number of clients hospitalized was reduced by 19.4%
SCDMH Hospital Days	Administrative Data (Client Information System)	The number of hospital days was reduced by nearly 67.6% from those in the year prior to ACT admission to those in the year after ACT admission. The number of clients hospitalized was reduced by 8.3%
Private Hospital Admissions	Hospital Data match through the South Carolina Healthcare Data Warehouse	The number of hospital admissions was reduced by 45% from those in the year prior to ACT admission to those in the year after ACT admission. The number of clients hospitalized was reduced by 45.1%
Emergency Room Usage	Hospital Data match through the South Carolina Healthcare Data Warehouse	The number of emergency room visits was reduced by 30.1% and the number of clients making those visits was reduced by 37%.
Client Functioning	GAF Scores collected from Survey (ACT Program Outcome Measure) and Administrative Data (Client Information System)	Global Assessment of Functioning (GAF) scores from baseline to six month follow up for 149 clients show a small difference in mean scores (52.89 to 55.28) but it is statistically significant difference using a paired samples t test ($t = 2.888$, $p = .004$)

Blue Ribbon Programs: Jail Diversion/Forensic Services

Provides training and consultation to law enforcement regarding de-escalation of encounters with persons in psychiatric and/or emotional crises. To date, 3,417 law enforcement officers across the state have been trained.

Coordinates a biennial Forensic Forum, which promotes opportunities for interagency cross-training and networking between criminal justice and behavioral health agencies.

Provides consultation and promotes alliances and partnerships in local jurisdictions for coordination of services for offenders with mental illness.

All 17 DMH community mental health centers and their clinics provide mental health services to jails/detention facilities, including:

- Assessment and screening for inpatient admission.
- Medication monitoring.
- Referral, as needed, for offenders with mental illnesses to other community services and supports to prevent re-offending and involvement with Law Enforcement.

Blue Ribbon Programs: Jail Diversion/Forensic Services

Mental Health Court – SC has three mental health courts, in Charleston, Richland, and Greenville counties.

Mental health courts have single dockets, which specifically address issues of persons with mental illnesses who become involved with Law Enforcement and the criminal justice system. The Probate Court serves as the lead agency, in partnership with DMH's community mental health centers and other stakeholders from the Public Defenders Office, the Solicitor's Office, DAODAS, and SC Probation, Parole and Pardon Services.

The mental health courts are funded by county governments and DMH's community mental health centers.

Services offered include:

- Crisis management
- Case management
- Individual, family and group counseling
- Groups, in the areas of Criminal Thinking, Substance Abuse and Anger Management

Blue Ribbon Programs:

The Assessment & Resource Center (ARC)

The ARC is a Children's Advocacy Center (CAC), accredited through the National Children's Alliance in Washington, DC. It is the only state-funded CAC in South Carolina.

DMH collaborates with the USC School of Medicine's Department of Pediatrics and Palmetto Health Children's Hospital to provide integrated services for children suspected of being sexually or physically abused.

In partnership with the Children's Law Center of USC, the ARC conducts ChildFirst™, a 5-day training in forensic interviewing techniques for child abuse investigative teams across the state.

The ARC is based at William S. Hall Psychiatric Institute in Columbia and serves approximately 600 children annually. Referrals are typically made by law enforcement or the SC Department of Social Services.

The ARC provides:

- Forensic interviews of children and vulnerable adults
- Forensic medical exams
- Case consultations
- Expert testimony in Family & Criminal Court
- Victim advocacy
- Child witness preparation



Blue Ribbon Programs: The Assessment & Resource Center (ARC)

Outcomes

- In calendar year 2011, The ARC provided Forensic Interviews & Medical Examinations to 546 children for the following suspicions:
 - Sexual abuse (346)
 - Physical abuse (154)
 - Neglect (50)
 - Witness to violence (35)
 - Drug endangerment (14)
 - Other (22)

- From its inception in 2001 to July of 2012, *ChildFirst™ South Carolina* has trained:
 - 250 Law Enforcement Officers
 - 244 DSS Case Workers
 - 248 CAC Employees
 - 38 Prosecutors



NATIONAL
CHILDREN'S
ALLIANCE®

ACCREDITED
MEMBER

Blue Ribbon Programs: Dialectical Behavior Therapy

- 10 DMH community mental health centers currently offer Dialectical Behavior Therapy (DBT) or a DBT-like program.
- A one year program, DBT works with highly symptomatic patients, most of whom have an affective disorder as well as borderline personality disorder.
- DBT is an empirically-based therapy initially formulated to work with patients who engaged in self-injurious behaviors
- It has expanded in scope to treat a variety of disorders, including alcohol and other drug use, eating disorders, anxiety disorders
- DBT is a highly structured therapy that offers individual and group therapy, crisis phone consultation and consultation team for therapists. Skills training is a key component.

Blue Ribbon Programs: Trauma Initiative

The Substance Abuse Mental Health Services Administration (SAMHSA) reports that trauma is a widespread, harmful, and costly public health problem, which occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation.. The need to provide trauma informed care is increasingly viewed as an important component of effective behavioral health service delivery.

The SCDMH Trauma Initiative oversees the development and implementation of a state-wide, patient-focused trauma initiative to foster the development of policies, procedures, and practices which ensure that:

- Patients with histories of trauma receive state-of-the-art assessment and treatment; and
- Practices in the SCDMH centers and facilities do not create, nor recreate, traumatizing events for patients.

Blue Ribbon Programs: Towards Local Care (TLC)

- Toward Local Care began in 1989, to:
 - Assist patients transition from inpatient institutions into the community
 - Help patients remain in their communities and avoid re-hospitalization
 - Facilitate downsizing of the agency's long-term psychiatric facilities
 - Reduce acute care psychiatric admissions
 - Decrease the cost of psychiatric care to the agency
- Since 1991, the process has been replicated 13 times and created 1,029 treatment and residential options for inpatient and high recidivist patients.
- To date, 3,127 patients have received services through these residential and treatment options.
- TLC patients decreased utilization of DMH inpatient psychiatric facilities by 60% with a decreased length of stay by 74% and a reduction in emergency room visits by 32%.

Budget

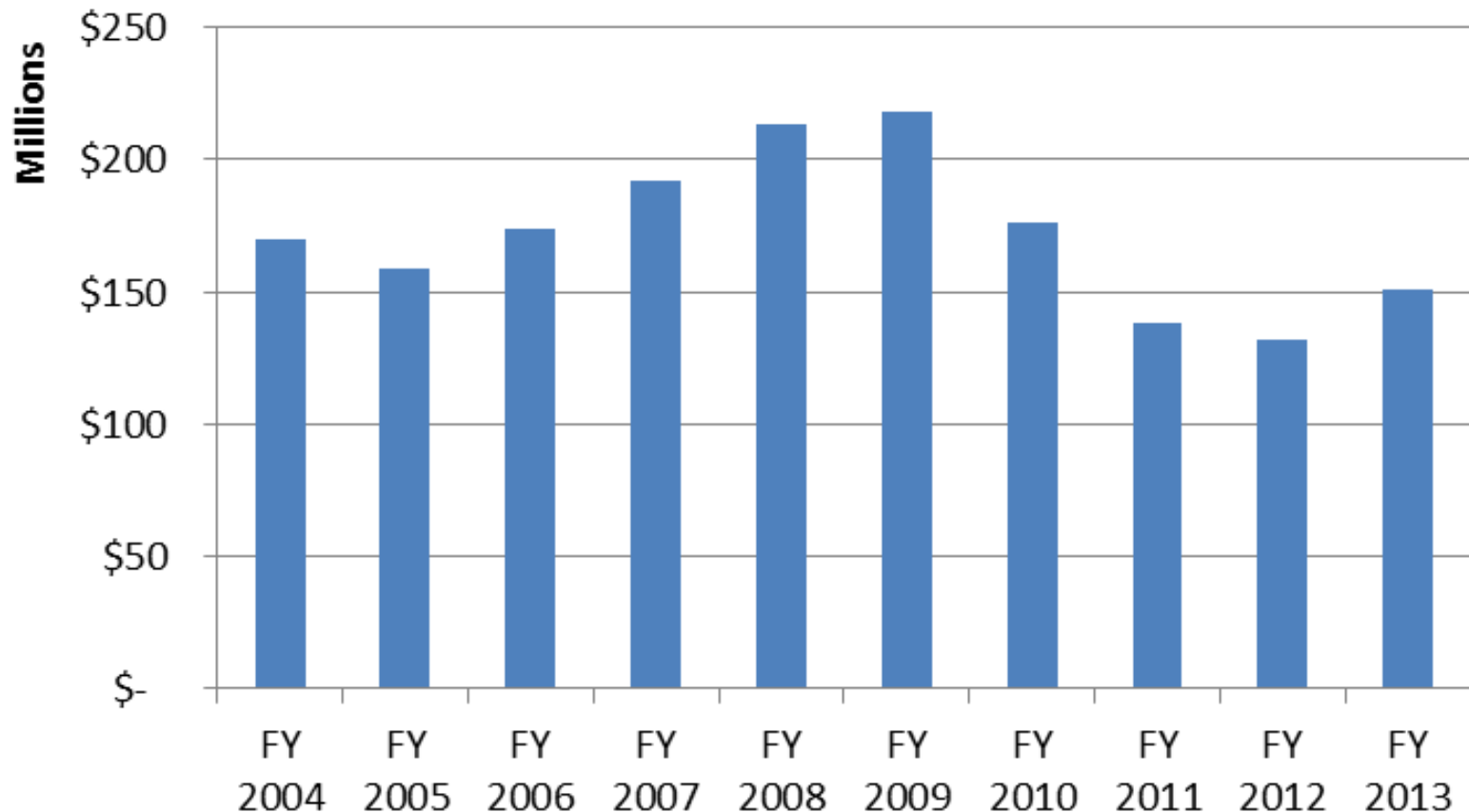


John H. Magill

State Director of Mental Health

Budget: History of State Funding

Recurring General State Funds



Budget: State Appropriation History

<u>Fiscal Year</u>	<u>Recurring/General State Funds</u>
2002	\$185,269,619
2003	\$178,412,977
2004	\$169,438,293
2005	\$158,899,719
2006	\$173,706,376
2007	\$191,793,392
2008	\$213,724,472
2009	\$217,892,366
2010	\$176,001,571
2011	\$137,889,163
2012	\$131,596,677
2013	\$150,669,318

“Outside of the Box”

Unique Programs, Activities, and Partnerships at DMH



John H. Magill

State Director of Mental Health

Outside of the Box: Grants Administration

- The DMH Office of Grants Administration, formed in July 2008, looks for funding opportunities and manages federal and non federal grants in all aspects of grant management for the Department of Mental Health.
- Grants Administration worked with the South Carolina Enterprise Information System (SCEIS) to implement the grant module in SAP to improve grant tracking and greater fiscal accountability in both federal and non federal grants for DMH.

Grant Status, as of October 1, 2012

- 47 Active Grants \$32,250,910 total dollar value
- 39 Federal Grants \$25,466,965 total dollar value
- 8 Non-federal Grants \$ 6,783,945 total dollar value
- 4 Pending Grants

Outside of the Box: Research & IRB

DMH aims to advance treatment while protecting research subjects.

Outside of the Educational system, DMH is one of the few state agencies with its own Institutional Review Board (IRB).

The IRB was formed, in accordance with Health and Human Services regulations, to safeguard the rights and welfare of research subjects and their private health information.

DMH's IRB has developed an online site providing researchers with tools and information necessary to ensure these obligations are met and help facilitate the research approval process.

Currently, approximately 20 research projects are being conducted in-house and/or with research partners, including faculty and staff from USC, MUSC, and Clemson.

Outside of the Box: Research

Examples:

Risperidone Long-Acting for Alcohol and Schizophrenia Treatment Study (R-LAST)

Compares the effectiveness of Risperidal Consta to oral risperidone in the treatment of persons, aged 18 to 65, with schizophrenia and a co-morbid alcohol use disorder.

Community Living, Adaptive Functioning and Serious Mental Illness

This is a complementary qualitative study of quantitative interviews regarding factors of housing environments that are critical to the adaptive functioning of persons with serious mental illness.

Molecular and Genetic Epidemiology of Autism

Children and adolescents with a diagnosis of autism and related disorders, such as Asperger's syndrome, and their families will be recruited in an effort to identify the genes associated with these disorders and discover how the genes interact. Parents will be asked to provide prior medical records for the subjects, and disorder specific clinical instruments will be administered. Subjects meeting inclusion criteria will contribute a blood sample for DNA testing.

Outside of the Box: Research

Selected Current Research Projects

- Selected Current Research Projects
- Housing, Adaptive Functioning, and Serious Mental Illness
- Community Living, Adaptive Functioning and Serious Mental Illness
- Climb: Changing Lifestyles to Impact the Mind and Body
- Malingering in Forensic Inpatient and Outpatient Populations
- NIDA CTN: Stimulant Reduction Intervention-STRIDE
- Alcoholism and Schizophrenia: A Translational Approach to Treatment
- Comparison of Serum Carnitine Levels and Associated Clinical Correlates between Hospitalized and Outpatient South Carolina Department of Mental Health (SCDMH) Patients
- Networks of Community Support
- Strengthening the Quality of School Mental Health Services
- PCIT of the Carolinas Implementation Evaluation
- Fidelity monitoring for SCDMH's Act-Like Programs
- Testing Therapist Training Interventions to Implement EBT for Adolescents

Outside of the Box: Client Affairs

The mission of the DMH Office of Client Affairs is to support the DMH Recovery Initiative through steering, developing, and supporting patient leaders within the agency, by hiring current and former patients as:

- Planners and Policy Makers – e.g. Client Affairs Coordinators (CAC)
- Service Providers – e.g. Certified Peer Support Specialists (CPSS)
- Program Trainers & Evaluators – e.g. Client-to-Client Evaluation & Training Team Members

Within DMH, nine centers and one hospital have a local CAC, who functions as an internal agent of change, voicing patient perspectives in key meetings and policy sessions. CACs perform a variety of key roles, including:

- Serving as members of center management teams.
- Supporting the development of patient leadership through Client Advisory Boards (CAB).
- Attending & participating in hospital & departmental meetings & task forces.
- Participating in anti-stigma campaigns, Quality Assurance initiatives, and new patient/new employee orientations.

Outside of the Box: Peer Support

In 2004, SC became the second state to negotiate a reimbursable peer support service with the Department of Health and Human Services.

Certified Peer Support Specialists (CPSS) use their own experiences with mental illness to help others acquire, develop, and/or expand their rehabilitation skills in order to move forward in recovery.

Since the service was authorized a self-report service evaluation has been required to evaluate the effectiveness of PSS.

In 2011, program evaluation reviewing service patterns usage, inpatient admission and length of stay was conducted to determine if or how PSS has impacted patients receiving PSS at SCDMH and compare them to patients who had not.

We found that patients who receive 50+ hours of peer support a year have a significant reduction in the need for inpatient care and/or crisis services and drastically decreased frequency to need to see a psychiatrist, nurse, or mental health professional.

Outside of the Box: Client Advisory Boards

Client Advisory Boards (CABs) exist to provide mechanisms for positive collaboration and communication, and to empower patients at all Departmental levels.

They provide unique and independent opportunities for input and involvement in the areas of planning, policy-making, program evaluation, and service provision.

Most states have a statewide or regional CAB, but South Carolina's DMH is among just a few state systems that have mandated the establishment of CABs at each center and hospital.

Along with local CACs, CAB members comprise the Statewide Client Advisory Board, which meets every other month.

Outside of the Box: Cemetery Project

The MHA-organized Committee to Preserve and Protect Historic Cemeteries is a voluntary consortium of concerned citizens, public and private agencies dedicated to the dignified and respectful treatment of people buried in public cemeteries.

This project is one of a dozen nationwide, all part of an effort to restore burial sites, locate and identify the people buried there, and to restore names to those who bravely fought mental illness, and died in the system.

In 2010, a database honoring former patients buried by the State Hospital was completed.

It contains the names of more than 9,500 individuals who died while patients at the SC State Hospital and/or individuals in the custody of other agencies, for example the Tubercular Hospital at State Park or residents of the Confederate Veterans Home. A copy of the database has been turned over to the SC Department Of Archives and History and Richland County Public Library, and is being converted into a searchable program for public use.

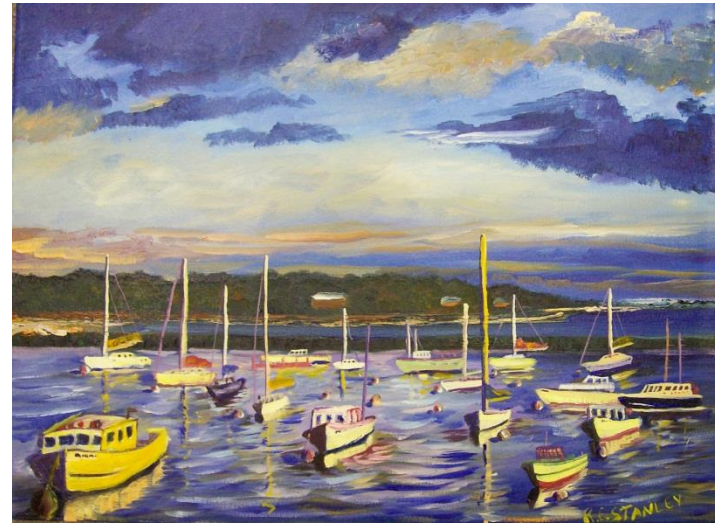
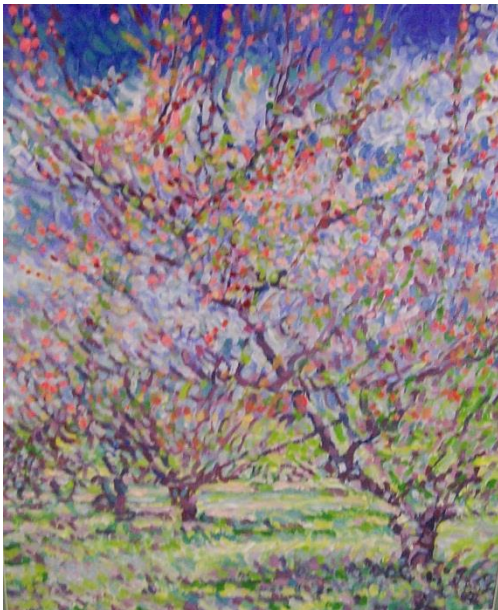


Numbered grave marker of a former patient; the identity of the person in grave #616 has not yet been discovered.

Outside of the Box: The Art of Recovery

The Art of Recovery showcases the talents of those receiving services from DMH and the role that art can play in the recovery process, and gives individuals living with mental illnesses the opportunity to exhibit and sell their works of art.

Pieces are submitted from across South Carolina by participants who use a variety of artistic media, not only as a means of empowerment, but also as a tool to educate the public about, and dispel the stigma associated with, mental illness.



DMH staff volunteers mat, frame, hang, transport, and display pieces in venues throughout the state. Works rotate on a frequent basis.

Pieces from The Art of Recovery have traveled across South Carolina, featured in public galleries, libraries, community centers, and at meetings and conferences across the state.

A widely acclaimed program, The Art of Recovery received the 2006 Elizabeth O'Neill Verner Governor's Award for the Arts, the highest Arts honor in South Carolina. It has received grant funding from Blue Cross Blue Shield of South Carolina and serves as a model for other mental health groups in the U.S.

Outside of the Box:

DMH Disaster Preparedness & Response

Sends Staff to State Emergency Operations Center (SEOC)

Tasked with providing information and resources to local Emergency Operations Centers (EOCs) and key ESF staff.

Does NOT Manage the incident but supports those who do.

Immediate Response:

Information and Planning (Public Information Phone System)

Mass Care (Shelter Support)

Health and Medical (Site for Potential Evacuees, Special Medical Needs Shelters)

Support CMHCs – Until Staff Affected by Disaster are able to Return to Work.

Long Term Recovery – Crisis Counseling Teams:

- Strengths Based
- Outreach Oriented
- Assumes Natural Resilience & Competence
- Culturally Competent
- Not Diagnostic nor Clinical
- Nontraditional Settings
- Bolsters Community Support Systems

Outside of the Box:

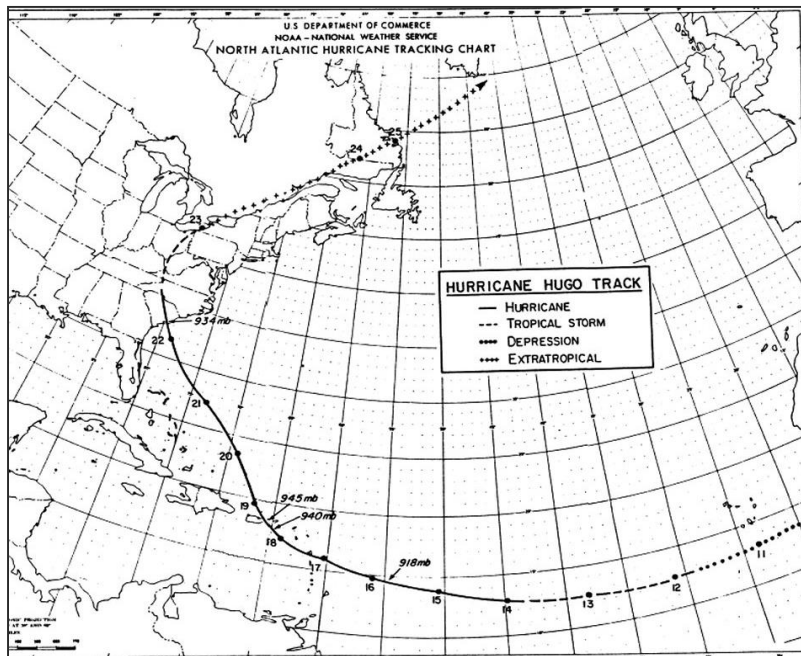
Disaster Preparedness & Response

Recent DMH Responses

- 2011 – Plane Crash into Myrtle Beach RV Park
- 2009 – Horry County Wildfires
- 2008 – Georgia Port Wentworth Fire
- 2008 – SC Tornadoes
- 2007 – Charleston Sofa Super Store Fire
- 2007 – Spartanburg School Death
- 2005 – Hurricane Katrina
- 2005 – Graniteville Train Derailment

Outside of the Box: Disaster Preparedness & Response

HUGO – 1989 – still used as “worst scenario” in state drills



This graphic shows Hugo landing 20 miles south of actual landfall.

Effects on/Response of Charleston MHC:

- Of 9 clinics, 7 became unusable
 - All services moved to Lockwood Blvd.
 - 50% of staff out first five days following
 - Over 30% of staff out after two weeks
 - Lack of office space - services were largely outreach
 - DMH Public Safety monitored out-of-use offices where homeless had moved in
 - “Go Teams” responded from across SC
 - Greenville’s disaster coordinator came to Charleston to manage teams
- Teams were housed at county and VA Hospitals (or in MHC), as well as Roper
 - Go Teams did anything needed - delivered food, water, clothes, etc., used chain saws to clear roads.

Outside of the Box:

Disaster Preparedness & Response

HUGO – Local Mental Health Needs & Services

- Very few mental health emergencies arose – there was a great deal of community outreach with pre-identified high risk patients
- ‘Go Teams’ worked in Emergency Departments, anticipating mental health needs – discontinued after short time
- Psychiatrists provided primary care
- Case managers delivered food and water rather than mental health services
- Police contacted DMH frequently with issues related to substance abuse
- DMH worked with the mayor’s office to develop public service announcements

Resulting new services

- Grant funding brought new teams for school-based debriefing services
- Anger and stress management teams assisted in detention facilities with guards who had to remain at work 24/7
- DMH’s Children’s Services developed and distributed hurricane-based coloring books
- A protocol for debriefing in non-traditional settings for people of all ages throughout community was developed

Outside of the Box:

Disaster Preparedness & Response

DMH is part of the SC Emergency Planning Committee for People with Functional Needs, a committee organizations and agencies that came together after Hurricane Hugo to:

- Improve emergency and disaster planning, policy development, and response to the functional needs of individuals and communities.
- Educate and promote the participation of state, local, and voluntary agencies, people with functional needs, and emergency management organizations in preparing for emergencies and disasters.

This committee was among the first organized in the country to act as a resource for state leadership in planning for and responding to people with functional needs.

Outside of the Box: Joint Council on Children & Adolescents

For the past three years, the Joint Council on Children & Adolescents has led efforts to improve services for children and youth needing treatment services, specifically for mental health, substance abuse, and co-occurring disorders.

The body was established in August 2007 as a mechanism for transforming the service delivery system of youth and their families. The Council's mission requires participating agencies to commit to the delivery of cost effective, quality service which emphasizes a "No Wrong Door" approach.

Unique in its membership, the Joint Council comprises agency directors of:

- SC Department of Mental Health
- SC Department of Alcohol and Other Drug Abuse Services
- SC Department of Juvenile Justice
- SC Department of Social Services
- SC Department of Disabilities and Special Needs
- Governor's Office Continuum of Care
- Commission of Minority Affairs
- Behavioral Health Services Association of South Carolina
- SC Faces and Voices of Recovery
- Federation of Families of South Carolina
- National Alliance of Mental Illness – SC
- SC Primary Health Care Association
- two parents of children with serious mental illness
- SC Children's Trust
- Duke Foundation
- SC Sisters of Charity

Outside of the Box: Joint Council on Children & Adolescents

The Joint Council adopted an electronic, common, universal screening tool, the GAIN-SS, for statewide implementation through the Office of Research and Statistics.

Screeners identify youth with substance abuse and mental health problems who need follow-up services.

As of September 28, 2012, patients have been screened and referred to the appropriate agencies for follow-up services.

South Carolina is the first state to implement the tool electronically, through the Office of Research and Statistics. The screener identifies youth with substance abuse and mental health problems, who need follow-up services.



Consensus was reached on ten core competencies for child and adolescent service providers and Webinars were developed and made available to partner agencies for training staff across the state. The training collaborative has also taken on the task to ensure a more trauma informed system of care in South Carolina.

The Federation of Families delivered family-driven care training, and agencies conducted reviews of their policies to determine what modifications are necessary to make them more “family friendly.”

Through the Breaking Boundaries planning grant, SC has created a statewide strategic plan to implement a System of Care approach to services and supports. With the full support of the Joint Council on Children and Adolescents, and a broad base of involvement from agencies and organization, youth and families, the state is ready to move to the next phase of implementation.

Outside of the Box: Veterans Policy Academy

In August 2008, South Carolina joined nine other states and federal groups in Bethesda, MD for a Substance Abuse and Mental Health Services (SAMHSA) sponsored summit dedicated to assisting veterans and their families in returning to civilian life by identifying and providing needed services in a variety of areas.

Comprising more than 50 organizations, including military, legislative, veterans' groups, state agency and non-profit representatives, Team South Carolina has developed a 6 priority item Action Plan to identify and coordinate existing services and improve the integration of said services. The team meets regularly and expands with every meeting.



Accomplishments to date include:

Signing of a SC Veterans Policy Academy Covenant on June 1, 2009.

Streamlined the original six priority item Action Plan to three main goals to better reflect the activities of the Veterans Policy Academy in trying to streamline access to services for veterans and their families in 2010.

In 2011, the Veterans Policy Academy identified the areas of employment for returning/retiring veterans, and communication/access to services as the two main focuses of its mission.

Outside of the Box: The Irwin Phillips Fund

In his last will and testament, Dr. Irwin E. Phillips, a physician at the SC State Hospital in the 1960's, bequeathed part of his estate to the DMH. The will, which named the SC Mental Health Commission as Trustee, dictated that the funds were to be used for the comfort and convenience of patients.

In March 1999, a fund was established in Dr. Phillips' name, and guidelines and procedures were developed for funds dispersal. It was determined that by utilizing only the yearly interest of \$20,000 from the \$340,000 endowment, a living legacy to Dr. Phillips would be preserved and would provide an ongoing source of revenue for patient emergencies. As a result, a total of \$5,000 per quarter would be available for patient emergency assistance.

The fund provides financial assistance to patients for the purchase of eyeglasses, rental aid, dental work, utilities, etc. Patients apply for funds from the Irwin Phillips Fund through their local community mental health centers, and applications are reviewed by a committee for appropriateness.

<u>Assisted</u>	<u>Fiscal Year</u>	<u>Applications</u>	<u>Amt. Allocated</u>	<u>Patients</u>
	2012	71	\$11, 032.43	45
	2011	84	\$14,436.08	55
	2010	105	\$18,869.84	64
	2009	120	\$19,404.14	76
	2008	147	\$20,024.94	78

Outside of the Box: Multi-Cultural Council

DMH is one of a few agencies to focus on the importance of cultural competency and its integral role in providing quality care.

The Department considers cultural competence part of its mission, believing that cultural competency is driven by leadership, and should be staff and patient-oriented. DMH believes that Multiculturalism should be embedded in all organizational units and that continuous efforts must be made to recruit, retain and develop a culturally diverse workforce.

The DMH Multicultural Council is charged with the responsibility of advising and guiding Agency leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, programs, and collaborative endeavors, reflective of the diversity of the population served and local communities.

Outside of the Box: Staff Training

- Computerized Online Learning Modules (CLMs)
 - Provide training to staff to meet regulatory/accrediting standards while minimizing travel to and from Columbia.
 - In FY10, there were 61 modules online. In FY11, this number increased to 101, and in FY12 the number increased to 133.
 - Tailored curriculums have been developed for staff who provide care to meet the special needs of our patients.
 - Of the 133 modules, 29 are mandatory for all staff on an annual basis, to meet CARF, Joint Commission, DHEC, OSHA and/or other regulatory agency requirements.
 - 42 additional modules are required for clinical staff.
 - The estimated resulting cost-savings (in man-hours) for FY12 is more than \$5 million.
 - There are also curriculums online for public safety staff, administrative staff, certified nursing assistants, mental health specialists, and staff who work with patients with alcohol and other drug problems.
- Other Online Resources for Staff
 - Free or low cost Continuing Education Credit are offered, via Distance Learning.
 - Staff are able to take the continuing education offerings online as time permits, at home or at work.

Outside of the Box: Executive Leadership Development

- In 2008, DMH implemented an Executive Leadership Development Program to groom new leadership candidates for the agency.
- In its first year, five participants completed the course, with seven completing year two.
- In 2010, there was a Special Executive Leadership Development Program, the focus of which was to prepare future leaders by tapping into the corporate knowledge and expertise of twelve of the agency's current leaders. This knowledge and expertise was captured, preserved and passed on through a manual, which was developed in-house.
- The 2011 Executive Leadership Development Program focused on the Agency's physicians as leaders in behavioral healthcare; 10 physicians completed the program.
 - Participants met for a total of seven sessions
 - Each selected and developed a Written Management Improvement Project
 - The projects focused on methods to create a new initiative or improve on or add value to one that is already in place at DMH.
 - Participants present their projects to the group and to the Mental Health Commission.

Outside of the Box: Community Forums

DMH State Director John H. Magill will facilitate a second round of 25 community forums around the state. A forum will be held at each of the Department's 17 community mental health centers, 4 hospitals, 3 veterans' nursing homes, and one community nursing home.

The forums, through open discussion with community leaders:

- Focus on behavioral health issues
- Spotlight local accomplishments and concerns
- Review actions taken resulting from the previous forums
- Enhance community relations

After each forum, follow-up plans are made with attached implementation action plans.

Outside of the Box: Facility Profiles

During fiscal years 11 and 12, DMH created profiles for each of the Department's 17 community mental health centers, 4 hospitals, 3 veterans' nursing homes, and one community nursing home.

The Profiles:

- Give an overview of the history of DMH.
- Give an overview of the history of the profiled facility.
- Outline facility strengths and exemplary programs.
- Spotlight local individuals dedicated to the Agency's mission to support the recovery of people with mental illnesses.

The profiles are concise, informative documents designed to increase community understanding and support of DMH operations.

The profiles can be viewed online at www.scdmh.org/profiles/profiles.html

Affiliations



John H. Magill

State Director of Mental Health

Affiliations

- The South Carolina Department of Mental Health has affiliations with more than 50 educational institutions in South Carolina and more than five other states.
- The DMH's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry.

Affiliations

- Allen University
- Anderson University
- Appalachian State University
- Argosy University, Atlanta, Georgia
- ATEC Technical College
- ATSU/SOMA Medical School-Mesa, Arizona
- AT Still Medical University
- Augusta State University
- Benedict University
- Campbell University, North Carolina
- Central Carolina Technical College
- Citadel
- Clemson University
- Columbia College
- Columbia Health Care CNA Training
- Columbia International University
- Coker College
- Erskine College
- Florence-Darlington Tech.College
- Fortis College/Education Affiliates
- Francis Marion University
- Furman University
- Gardner Webb
- Greenville Technical College
- Horry Georgetown Technical College
- Lander University School of Nursing
- Liberty University
- Limestone College
- Low Country Technical College
- Medical College of Georgia
- Medical University of South Carolina
- Mesa University, Arizona
- Midlands Technical College
- Newberry College
- Northeastern Technical College
- Orangeburg Calhoun Tech. College
- Piedmont Technical
- Regent University, Virginia Beach
- South Carolina State University
- South Dakota State University
- South Carolina College of Pharmacy
- South University
- Tri County Technical
- Trident Technical College
- University of North Carolina
- University of North Dakota
- University of Rochester
- University of South Alabama
- USC (Activity Therapy, Clinical Counseling, Medical Students, Social Work, Psychology Interns, Psychology Grad. Studies)
- USC – Lancaster
- USC – Upstate
- USC School of Medicine - Neuropsychiatry & Behavioral Science Residency Training Programs (Child, General, Geropsychiatric and Forensics)
- Walden University
- Webster University
- Winthrop University
- Wofford College
- York Technical College

Affiliations

University of South Carolina School of Medicine

- DMH has contracts with the University of South Carolina School of Medicine (USCSOM) and the Department of Neuropsychiatry and Behavioral Science.
- There has been a long collaborative relationship between DMH and the Department of Neuropsychiatry and Behavioral Science at the USCSOM, which provides clinical consultation and training delivery to DMH staff on a range of clinical topics
- DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities.
- There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through DMH centers and facilities, which the Agency supports via contract.

Affiliations

Medical University of South Carolina (MUSC)

- Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry, through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC).
- CDMHC is involved with learning collaborative between DMH, the Crime Victim's Center at MUSC and the Dee Norton Low country Children's Center. This initiative revolves around Trauma Focused Cognitive Behavioral Therapy (CBT).
- Forensic fellows from MUSC receive training in the Charleston Mental Health Court Program.
- Medical Students and Physician Assistant students rotate regularly through CDMHC throughout the academic year.
- DMH has a contract with MUSC to provide forensic evaluation of adult criminal defendants in eight counties in the low-country of South Carolina. These counties include Charleston, Dorchester, Beaufort, Allendale, Colleton, Hampton, Jasper, and Berkeley.

Affiliations

Advocacy Organizations

DMH works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their families, and the citizens in SC.

- NAMI-SC - the National Alliance for the Mentally Ill in South Carolina
- MHA-SC - Mental Health America of South Carolina
- SC SHARE - SC Self Help Association Regarding Emotions, the state's only patient run advocacy organization
- The Federation of Families
- P&A - Protection and Advocacy for People with Disabilities
- FAVOR - Faces and Voices of Recovery

Interagency Affiliations

- **SC Departments of:**
 - Alcohol and Other Drug Abuse Services
 - Health & Human Services
 - Education
 - Employment and Workforce
 - Disabilities and Special Needs
 - Health and Environmental Control
 - Social Services
 - Juvenile Justice
 - Corrections
 - Employment Security Commission
 - Emergency Management
 - Vocational Rehabilitation
- **SC:**
 - Disabled American Veterans
 - Assistive Technology Program
 - Commission for the Blind
 - Commission on Minority Affairs
 - School for the Deaf & the Blind
 - Christian Action Council
 - Independent Living Council
 - Migrant and Health Program
 - Development Disabilities Council
- **USC: Center for Public Health Preparedness**
 - Arnold School of Public Health
- The National Research Institute
- National Association of State Mental Health Program Directors
- National Association of Consumer/Survivor Mental Health Administrators
- Substance Abuse Mental Health Services Administration
- Veterans Administration
- American College of Mental Health Administrators
- American Red Cross
- The Salvation Army
- National Center for Missing & Exploited Children
- Lt. Governor's Office on Aging
- Santee-Lynches Council on Government
- Southeastern Kidney Council
- United Way of the Midlands
- United Way Association of South Carolina
- Mental Illness Recovery Center Inc. (MIRCI)
- Alzheimer's Association

The Future of DMH



John H. Magill

State Director of Mental Health

Opportunities for Growth: Employment

DMH's clinical staff of physicians, nurses, social workers, and psychologists provides diagnostic and therapeutic services upon which its patients and their families depend. The skills of the clinical staff enhance patient care throughout this unified system of care.

DMH understands that the single-most important service the Agency provides is compassionate care that respects patients' dignity and individuality. Clinical staff serve in a variety of inpatient and outpatient care areas throughout our state, affording them the opportunity to use their full range of skills.

DMH understands that collaboration is invaluable in providing the best possible care to our patients. As such, the Agency encourages its staff to pursue and participate in research opportunities.

Future: Budget

- Prior to FY2009, only four times since 1952 has South Carolina experienced negative growth in its General Fund Revenue – FY2008, FY2002, FY1955, and FY1954. FY2002 was the most dramatic with a 3.4% decrease. Then in FY2009, with the full effects of the Great Recession in force, the State experienced a 12.5% decrease, (adjusted), nearly four times greater than any year prior. FY2010 proved equally dismal with yet another decrease of 5.8% (adjusted).
- General Fund Revenue for South Carolina decreased dramatically from FY2008 to FY2010. From FY2008 to FY2010, General Fund Revenue was \$6.9 billion, \$6.0 billion, and \$5.6 billion, respectively. In FY2011, General Fund Revenue increased slightly to \$6.1 billion, but estimates for FY2012 indicated a flat growth rate with \$6.0 billion. Fortunately, a rebounding economy resulted in a modified estimate for FY2012 of \$6.4 billion.
- As of May 2012, the State of South Carolina was \$18 million short of its estimate, though actual revenue was still 5.5% higher than the revenue for the same period of the previous fiscal year.
- The revenue estimate for FY2013 is \$6.7 billion.
- With approximately half of the Department of Mental Health's funding dependent upon General Fund Revenue, the future budget will be significantly influenced by subtle variations in this revenue stream.

Future: Telemedicine

DMH goals include:

- Increasing the availability of 24/7 mental health consultation services in all South Carolina hospital emergency departments (ED);
- Promoting electronic interconnectivity among EDs to further increase interdependence;
- Sharing knowledge of this innovative mental health service with a high realization of hospital and community cost savings;
- Establishing a viable Center of Excellence, leading to a Best Practice model;
- Contributing to the broad statewide application of a telemedicine Electronic Medical Record system;
- Serving as advocates for the promotion and utilization of the Palmetto State Providers Network – a statewide fiber optic system designed to network urban/rural medical facilities;
- Providing a productive focal point for other agencies to embrace, promote, and duplicate telemedicine-based services; and
- Promoting the mission/vision of the program to use as a foundation in achieving tomorrow's mental health service delivery system today.

Future: Electronic Medical Record

The outpatient Electronic Medical Record (EMR) is now used in all 17 community mental health centers. Future goals include:

- Expansion of online clinical documentation beyond basic forms (e.g. Screening Form, Discharge Summary, etc.);
- Addition of Electronic Prescribing (ePrescribing) capability;
- Purchase of an Inpatient EMR as funds become available, and
- Beginning to share (only with patient consent) clinical data with the South Carolina Health Information Exchange (SCHIEEx) for continuity of care across providers.

Future: New Patients

As stigma decreases and awareness about the importance of mental health and treatability of mental illness increases, as we make strides in research and technology, the number of those seeking services will surely grow. Consider the following:

- The current state of the US and local economies and the associated impacts on individuals and families;
- The number of troops returning from deployment overseas; they and their families need support, often years afterward;
- More individuals are seeking treatment for addiction disorders and co-occurring disorders;
- The development of more and better diagnostic tools, e.g. co-occurring disorders;
- The passage of mental health parity bills in both South Carolina and in the US Congress;
- Increased awareness of the efficacy of mental health treatment and decrease in stigma will result in more people coming forward to receive the help they need, and
- Technological advances and improvements will impact all aspects of healthcare: e.g. telepsychiatry, the electronic medical record.

As South Carolina becomes more diverse, we must adapt our resources to serve individuals of various cultures and backgrounds. To that end, the DMH is dedicated to providing culturally competent services.

Future: The Sale of “Bull Street”

- **December 9, 2005** – The Attorney General issues an opinion that the former State Hospital property is impressed with a “charitable trust” in favor of the mentally ill.
- **February 20, 2007** – The Supreme Court issues a declaratory judgment stating that the Bull Street property is subject to a charitable trust, and the proceeds from any sale of the property must go to DMH in trust for the care and treatment of the mentally ill.
- **December 16, 2010** – DMH signs a contract with Hughes Development Corporation (Hughes) of Greenville, SC to purchase the property in a phased manner over 7 years for \$15 million.
- Hughes is currently seeking to rezone the property for development before the sale of the property can proceed.

Did you know?

- Since opening its first hospital in 1828 through FY11:
 - DMH has served more than 3 million South Carolinians
 - 148,500,000 bed days have been provided for more than 947,000 patients at DMH hospitals and nursing homes.
 - 38,704,017 services/clinical contacts have been provided to approximately 2,815,500 patients at DMH outpatient clinics.
- DMH is one of the largest hospital and community-based systems of care in South Carolina:
 - In FY11, DMH provided 273,170 psychiatric bed days and 256,821 nursing home bed days, totaling 529,991 inpatient bed days for 5,538 patients.
 - Almost half of DMH inpatient bed days are for nursing home residents.
 - DMH dispenses about 7,150,000 doses of medication in its hospitals yearly.
 - DMH prepares and serves about 1,500,000 meals yearly.

The South Carolina Department of Mental Health

■ A History of Service

- Founded in 1821, first patient admitted in 1828.
- The 3rd mental health system in U.S. and the 2nd funded by a *state government*.
- One of the oldest government agencies in South Carolina.

■ What We Do Well

- Serve between 90,000 and 100,000 patients per year
- Telepsychiatry
- School-based services

■ Funding & Future Projects

- Electronic Medical Record
- Telepsychiatry
- Veterans Policy Academy

■ Collaboration

- Joint Council on Adolescents
- Co-Occurring State Incentive Grant (COSIG)
- Veterans Policy Academy

■ To learn more:

- Visit us at www.scdmh.org!



For more information, contact:

Tracy L. LaPointe, Public Information Specialist
DMH Office of Public Affairs
(803) 898-8581 • 1(800) 763-1024